

#### **IC 12-17.6-4**

##### **Chapter 4. Benefits, Crowd Out, and Cost Sharing**

#### **IC 12-17.6-4-1**

##### **Applicability of chapter**

Sec. 1. This chapter does not apply until January 1, 2000.

*As added by P.L.273-1999, SEC.177.*

#### **IC 12-17.6-4-2**

##### **Services covered**

Sec. 2. (a) The benefit package provided under the program shall focus on age appropriate preventive, primary, and acute care services.

(b) The office shall offer health insurance coverage for the following basic services:

- (1) Inpatient and outpatient hospital services.
- (2) Physicians' services provided by a physician (as defined in 42 U.S.C. 1395x(r)).
- (3) Laboratory and x-ray services.
- (4) Well-baby and well-child care, including:
  - (A) age appropriate immunizations; and
  - (B) periodic screening, diagnosis, and treatment services according to a schedule developed by the office.

The office may offer services in addition to those listed in this subsection if appropriations to the program exist to pay for the additional services.

(c) The office shall offer health insurance coverage for the following additional services if the coverage for the services has an actuarial value equal to or greater than the actuarial value of the services provided by the benchmark program determined by the children's health policy board established by IC 4-23-27-2:

- (1) Prescription drugs.
- (2) Mental health services.
- (3) Vision services.
- (4) Hearing services.
- (5) Dental services.

(d) Notwithstanding subsections (b) and (c), the office may not impose treatment limitations or financial requirements on the coverage of services for a mental illness if similar treatment limitations or financial requirements are not imposed on coverage for services for other illnesses.

*As added by P.L.273-1999, SEC.177.*

#### **IC 12-17.6-4-2.5**

##### **Prescription drug requirements**

Sec. 2.5. Prescription drugs provided under the program are subject to the requirements of IC 12-15-35.5.

*As added by P.L.6-2002, SEC.5.*

#### **IC 12-17.6-4-3**

**Limits on premium and cost sharing amounts**

Sec. 3. Premium and cost sharing amounts established by the office are limited by the following:

(1) Deductibles, coinsurance, or other cost sharing is not permitted with respect to benefits for:

(A) well-baby and well-child care, including age appropriate immunizations; and

(B) services provided for treatment of an emergency in an emergency department of a hospital licensed under IC 16-21.

(2) Premiums and other cost sharing may be imposed based on family income. However, the total annual aggregate cost sharing with respect to all children in a family under this article may not exceed five percent (5%) of the family's income for the year.

*As added by P.L.273-1999, SEC.177. Amended by P.L.95-2000, SEC.3.*

**IC 12-17.6-4-4****Powers of office; cost sharing and crowd out**

Sec. 4. The office may do the following:

(1) Determine cost sharing amounts.

(2) Determine waiting periods that may not exceed three (3) months and exceptions to the requirement of waiting periods for potential enrollees in the program.

(3) Adopt additional methods for complying with federal requirements relating to crowd out.

*As added by P.L.273-1999, SEC.177.*

**IC 12-17.6-4-5****Prohibited referrals; mechanisms to minimize incentive for employer to eliminate or reduce coverage**

Sec. 5. (a) It is a violation of IC 27-4-1-4 if an insurer, or an insurance producer or insurance broker compensated by the insurer, knowingly or intentionally refers an insured or the dependent of an insured to the program for health insurance coverage when the insured already receives health insurance coverage through an employer's health care plan that is underwritten by the insurer.

(b) The office shall coordinate with the children's health policy board under IC 4-23-27 to evaluate the need for mechanisms that minimize the incentive for an employer to eliminate or reduce health care coverage for an employee's dependents.

*As added by P.L.273-1999, SEC.177. Amended by P.L.178-2003, SEC.3.*

**IC 12-17.6-4-6****Community health centers**

Sec. 6. Community health centers shall be used to provide health care services.

*As added by P.L.273-1999, SEC.177.*

**IC 12-17.6-4-7**

**Selection of primary dental provider encouraged**

Sec. 7. The office shall encourage the parent of a child who is enrolled in the program to select a primary dental provider for the child before the child is eighteen (18) months of age.

*As added by P.L.169-2001, SEC.3.*

**IC 12-17.6-4-8**

**Use of generic drugs and preferred drug list required**

Sec. 8. (a) The office shall require the use of generic drugs in the program.

(b) The office shall use the preferred drug list implemented under IC 12-15-35-28.7.

*As added by P.L.291-2001, SEC.158. Amended by P.L.107-2002, SEC.26.*

**IC 12-17.6-4-9**

**Reserved**

**IC 12-17.6-4-10**

Brand name drugs not limited

Sec. 10. The office may not limit the number of brand name prescription drugs a recipient may receive under the program.

*As added by P.L.107-2002, SEC.27.*